

TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 0 4

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

January 1, 2003

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1933 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ ~~7,779.00~~ Decrease  
b. FFY 2004 "0" \$ ~~10,426.00~~ Decrease

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 21a  
Page 29a9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Same, Approved 5-15-98, TN 98-03  
Same, Approved 5-15-98, TN 98-03

10. SUBJECT OF AMENDMENT:

The Arkansas Title XIX State Plan has been amended to remove the Qualified Individuals (QI-2s). This group was created with a sunset date of December 31, 2002 and was not re-authorized by Congress.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
Roy Jeffus14. TITLE:  
Interim Director, Div of Medical Services15. DATE SUBMITTED:  
March 31, 2003

16. RETURN TO:

Division of Medical Services  
P. O. Box 1437  
Little Rock, AR 72203-1437Attention: Binnie Alberius  
Slot S295

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

31 MARCH 2003

18. DATE APPROVED:

6 MAY 2003

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 JANUARY 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Shirley H. Hargis, Acting for Andrew Fredrickson

21. TYPED NAME:

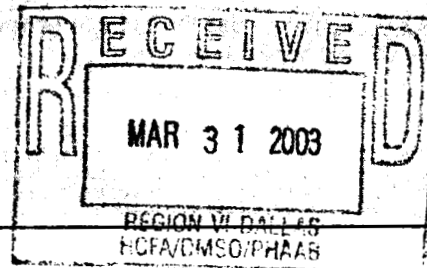
ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR  
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

\* See as Notification



Enclosure 3 continued

21a

Revision: HCFA-PM-97-3 (CMSO)  
December 1997

Revised: January 1, 2003

State: ARKANSAS

1925 of the  
Act

(a)(5)

Other Required Special Groups: Families  
Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families  
described in section 1925 of the Act are  
provided as indicated in item 3.5 of this  
plan.

SUPERSEDES: TN- 98-03

STATE <u>Arkansas</u>	A
DATE REC'D <u>31 Mar, 2003</u>	
DATE APP'D <u>6 May, 2003</u>	
DATE EFF <u>1 Jan 2003</u>	
HCFA 179 <u>AR 03-04</u>	

TN No. AR 03-04

Supersedes

TN No. 98-03

Approval Date 6 May 2003 Effective Date 1 Jan 2003

Revision: HCFA-PM-97-3 (CMSO)  
December 1997

Revised: January 1, 2003

State: ARKANSAS

Citation

1902(a)(10)(E)(ii)  
and 1905(s) of the Act

(ii) Qualified Disabled and Working  
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii)  
and 1905(p)(3)(A)(ii)  
of the Act

(iii) Specified Low-Income Medicare  
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iv)(I),  
1905(p)(3)(A)(ii), and  
1933 of the Act

(iv) Qualifying Individual-1  
(QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act.

SUPERSEDES: TN- 98-03

STATE <u>Arkansas</u>	A
DATE REC'D <u>31 Mar 2003</u>	
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HCFA 179 <u>AR 03-04</u>	

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Supersedes

TN No AR 98-03

Approval Date 6 May 2003 Effective Date 1 Jan 2003